



**Bell Laboratories, Inc.**

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1021515

05 January 2010

Document Processing Desk - 6A2  
Office of Pesticide Programs - 7504C  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Ave. N.W.  
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter: Craig A. Riekens  
Compliance Manager  
Bell Laboratories, Inc.

Registrant Name: Bell Laboratories, Inc.  
3699 Kinsman Blvd.  
Madison, WI 53597

Transmittal Date: January 5, 2010

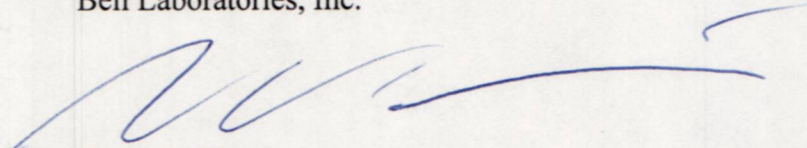
Submission: Voluntary Incident Report

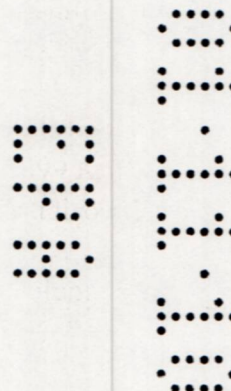
Reportable Substance(s):

Product	EPA Reg. #
Tomcat All Weather Bait Chunx	12455-80-3240
Jaguar Bait Chunx	12455-89-3240

Sincerely,

Bell Laboratories, Inc.

  
Craig A. Riekens  
Compliance Manager  
Bell Laboratories, Inc.  
criekens@belllabs.com



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-001

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 560878-1
Administrative Data	Address  <i>Aurora, CO USA</i>		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Aurora, CO USA Chronic: &gt;24 &lt;= 1 week</i>	Date registrant became aware of incident. <i>11/12/2009</i>	Was incident part of larger study? <i>No</i>
Row 2  Pesticide(s) Involved	EPA Registration # (Product 1) <i>12455-80-3240</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) <i>Diphacinone</i>	A.I. (s)	A.I. (s)	
	Product 1 name <i>Tomcat All Weather Bait Chunx</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation <i>wax block</i>	Formulation	Formulation	
Row 3  Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>	
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

\*Personal privacy information\*

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Brief description of incident circumstances.

*Jurovich, Melissa Nov 12 2009 9:08AM*

*Hx: Caller stated that he placed the product in his home about 2 days ago, wearing gloves while handling the block. Caller stated that after placing the blocks he washed his hands with soap and water.*

*Yesterday his dog gotten a hold of one of the blocks so he picked the blocks back up, again wearing gloves. (Caller stated that the dog was evaluated at the Veterinarian and given Vitamin K1 as a precaution. The dog remains asymptomatic.) Caller states that today he (himself) has blood in his stool and was inquiring about the possibility of the symptoms being caused from the product. No ingestion occurred.*

*A: Informed the caller that without an ingestion of the product these symptoms would not be expected. We recommend consulting your physician given the symptoms described. A case number was provided and the caller was advised to call back as needed.*

*Lead Toxicologist was notified.*

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: <b>44 Year(s)</b> Sex: <b>Male</b> Occupation (if relevant) <b>NA</b>	Exposure route: <b>Dermal</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NA</b>	Was exposure occupational? <b>Not indicated</b> If yes, days lost due to illness: <b>NA</b>	Time between exposure and onset of symptoms: <b>1 week or less</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>PCC Referral: Private MD/DVM-unknown disposition</b>	List signs/symptoms/adverse effects <b>Gastrointestinal-Blood per rectum</b>	If lab tests were performed, list test names and results (If available, submit reports) <b>None Reported</b>	
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Chronic: &gt;24 &lt;= 1 week</b> Patient weight: <b>Unknown</b>			
Human severity category: <b>HC</b>			
This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)			
			Internal ID # <b>560878-1</b>